U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215 0188 Expires 11 30-2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Section (NE 1878) READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT	
E CLMS OF THE INSTRUCTIONS CAREFOLL'S BEFORE PREFARING THIS REPORT	
1 File Number U 9498	2 Fiscal Year Covered From
	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name Charles Kahue	Name Iron Workers Union Local 625
	Labor Organization File Number 047 511
PO Box Bldg Room No If any	PO Box Building and Room Number if any
Street 94-497 Ukee Street	Street 94-497 Ukee Street
City Waipahu	City Waipahu
State Hawall ZIP Code + 4 96797	State Hawall ZIP Code + 4 96797
5 Position in labor organization Executive Committee \$1	21
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)	
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income
Name	
Trade Name If any	
P O Box Bidg Room No if any	7 b Amount
Street	
City	
State ZIP Code + 4	
Signature	
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct, and complete (See the section on penalties in the instructions)	
Signed Chare Kakler	On 8-12-0.5 (808) 671 8225
	Date Telephone Number

Name of Person Filing Charles Kahue	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name HI Reinforcing Iron Workers Pension Trust Trade Name if any P O Box Bldg Room No if any Street 94-497 Ukee Street City Waipahu State Hawaii ZIP Code + 4 96797	9 Business deals with a Labor Organization b Trust c Employer	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name N/A Trade Name If any P O Box Bidg Room No If any Street City State ZIP Code + 4	7th Annual Quarterly Mtg Walkoloa HI 11b Approximate dollar value of such dealing \$1 771 12 a Nature of interest held or income received Lost Wages	
	12 b Amount \$1 967	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name N/A Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment.	
13 b Is the Business an Employer or Consultant?	14 b Amount of payment.	